

Trumbull is a wholly owned subsidiary of The Hartford, managing The Hartford's Flood Program.

## Hartford Flood Program

- Federal Flood Insurance offered through the Hartford Fire Insurance Company. Agents can choose from two programs:
  - o Standard Program
  - o Flood Solutions Program
- Surplus Lines Flood Coverages through WNC Insurance Services

## Standard Flood Program

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### Highly Competitive Commission

Commission is negotiable based on the amount of flood premium which will be placed in our program. Minimum commission levels are 16% new, 15 % renewal, 16% transfer (rollover).

### On-Line Internet Access

- Windows format.
- *Policy quotation* retention on local PC
- Policy and endorsement document output printed in your office.
- *Agency/Customer payment* via check, credit card authorization or ACH from Agency account.
- *On line Flood Zone Determination* requests directly by agency staff.
- Assistance with Elevation Certificates.
- Policy inquiry feature.
- Storm tracking.
- Coverage, policy forms and NFIP Manual.
- Claim loss reporting- which in turn sends the information to the claims adjuster within minutes of receipt.
- Agency production reports.

### Program Materials

- All the necessary information to handle Flood.
- Agency code and PIN to access web site ([www.nfsmt.com](http://www.nfsmt.com)).
- All necessary Flood orientation training. (CEU credit courses can be arranged locally on an individual basis.)
- "Live" Customer Service Representatives via toll free call to assist you, when needed from 8AM to 8PM EST (6AM to 6PM Mountain Time).

### Flood Zone Determinations (FZDs)

- As long as you write new business or transfer business with us all FZD's will be free.
- The FZD's are guaranteed to be 100% accurate.
- They are available On-line through the web site.
- The majority of the FZD's are completed within 4 hours. "Problem/"bad" property addresses are completed within 24 hours.

### Service levels significantly exceeding Federal Standards

- Our flood plan administrator, National Flood Services (NFS), adheres to standards requiring new business, renewals, policy changes and correspondence to be handled within two to four working days of receipt (well below Federal Standards.)
- Customer Service Representatives, assigned to regional teams (5), understand the area of the country they handle and will develop rapport with your staff.
- Customer Service Representatives are available from 8AM to 8PM Eastern time via a toll free number.

### National Flood Services Website ([www.nfsmt.com](http://www.nfsmt.com))

- **Complete Quote:** Obtain quick and accurate quotes.
- **Online Applications:** Applications can be completed and transferred electronically.
- **Policy Maintenance / Policy Search:** Search through all your policies for easy maintenance or policy review.
- **Endorsements:** Electronically process endorsements and print declaration pages immediately.
- **Report Claims:** Begin the claim process and get an immediate Notice of Loss – no other paperwork involved!
- **Zone Determinations:** Process zone determinations conveniently in office.
- **Repetitive Loss Check:** Quick and easy way to find 2 or more flood losses on a particular property.
- **Renewal List:** See all renewals for the next 90 days
- **Accounting Reports:** Get detailed accounting reports electronically.

### Simple Enrollment

- All you need to do is complete:
  - o one-page enrollment form.
  - o one-page roll-over form for transfer business.
  - o W-9 Tax form.
  - o Copy of your agency and producer license.

## Flood Solutions

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### Commission

- Commission is negotiable based on the amount of flood premium, which will be placed in the program. Our minimum commissions for Flood Solutions are 13% new, 10% renewal and 13% transfer (rollover).

### Program details

- "Flood Solutions" simplifies the writing of flood insurance by agents. Instead of having to complete a lengthy, time consuming application agents can now submit one simplified form to NFS [attached, or use the online form at [www.floodsolutions.com](http://www.floodsolutions.com)].
- Licensed CSR's then do all of the work- ordering Flood Zone Determinations, quoting and issuing policies and policy service on existing policies.
- When requested CSR's will work directly with the Customer.
- You do not need rating software or manuals. Plus, you will not need to get flood zone determinations or elevation certificates.
- This is ideal for smaller agents to write flood insurance without having to worry about being a flood expert.

### Simple Enrollment

Complete:

- Flood Solutions Producer Agreement/Application Data Form
- A current producers license
- One-page rollover form for transfer business
- W-9 Tax form
- Copy of your agency and producer license

## Claim Services

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Claim adjusting services are provided through federally certified claim adjusters.

## Supplementary Flood Coverages Program

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### Supplementary Banking and Financial Institution Program

- Federal Flood for loan origination.
- Forced Placed Flood Coverage [only in conjunction with loan origination].
- Life of Loan Flood FZD's.
- Home Equity FZD's.
- Basic FZD's.
- Portfolio "scan" FZD's.
- Excess Flood, CBRA & OPA, and Non-Participating Community Flood Programs, provided by WNC Insurance Services through Lloyds.

## WNC Insurance Services Flood Program

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The WNC Excess Flood, CBRA and OPA areas and NFIP Non-Participating Communities insurance Programs are available for agents enrolled in The Hartford Flood Program.

Attached is information concerning:

- Program Eligibility
- Coverage Descriptions
- Program Rating
- Excess Flood Application

WNC Insurance Services handles all aspects of the program directly. If you have questions, please call WNC at 888-386-9488.

# Additional Flood Insurance Coverages

Now, through WNC Insurance Services Inc. (WNC) the following additional Flood Insurance coverages are available to your agency:

## New Coverages offered are:

- EXCESS FLOOD INSURANCE (over the NFIP maximum limits)
- INSURANCE FOR NFIP NON-PARTICIPATING COMMUNITIES
- INSURANCE FOR CBRA & OPA AREAS

All policies will be written with Underwriters at Lloyds and the Copenhagen Company (UK) Inc.

## EXCESS FLOOD INSURANCE

Coverage provisions under the excess flood policy are the same as the NFIP standard policy.

### Policy Limits: (excess the maximum NFIP limits)

- Property Coverage: Up to \$15,000,000 in all states
- Contents Coverage: Up to \$1,000,000
- No Commercial Contents Coverage

### Excess Flood Rates:

- V Zones (refer to underwriting for rates and underwriting requirements)
- A Zones 175% of the NFIP Additional Rate
- All other Zones 135% of the NFIP Additional Rate

## NON-PARTICIPATING COMMUNITIES

Coverage provisions are the same as the NFIP standard policy except no ICC coverage option.

Eligible Properties:

- Residential Dwellings (1-4 units only)
- Condominium units & Townhouses

### Coverage Limits:

#### **BUILDING**

Minimum Coverage: \$50,000                      Maximum Coverage available: \$250,000  
Coverage must be 80% of dwelling replacement value

#### **CONTENTS**

Minimum Coverage \$5,000                      Maximum Coverage 25% of dwelling  
coverage not greater than \$25,000

Rates: \$.80 all Non V zones. (V Zones are not eligible for coverage)

## "CBRA" & "OPA" AREAS

Coverage provisions are the same as the NFIP standard policy except no ICC coverage option.

Eligible Properties:

- Residential Properties (1-4 units only)
- Condominium Units and Townhouses

### Coverage Limits:

- Building up to \$250,000
- Contents up to \$100,000

### Rates:

- V zones                      \$3.00
- A Zones                      \$1.25
- All other Zones              \$1.00

FOR MORE INFORMATION, PLEASE CALL 888-386-9488



# The Hartford Flood **Standard** Insurance Program

## WRITE YOUR OWN FLOOD INSURANCE PROGRAM HARTFORD AGENT ENROLLMENT FORM

The information requested below is required in order for you to sell flood insurance on behalf of The Hartford through National Flood Services (NFS). Please complete and return this form along with a W-9 Tax ID Form to the fax number below. You will receive a Producer Code and PIN # that will allow you to access the NFS online system ([www.nfsmt.com](http://www.nfsmt.com)) along with the information necessary for you to write flood insurance on behalf of The Hartford. Please keep a copy of this document for your files.

Agency Name:

Agency Regional Office: \_\_\_\_\_ (2 digits)      Agency Code: \_\_\_\_\_ (6 digits)

Commission:    New    (    )    Renewal    (    )    Rollover    (    )

Street Address	_____
	_____
Mailing Address (if different)	_____
	_____
Business phone	(    ) _____
Business FAX:	(    ) _____
E-Mail Address	_____
IRS Tax ID No.:	_____
Agency Contact Person:	_____

### LICENSED AGENTS ALLOWED ACCESS TO FLOOD PROGRAM

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(If additional space needed, please attach an additional page for the information) \_\_\_\_\_

<b>Return to:</b> Hartford Flood C/o Trumbull Services 4 Griffin Road North Windsor, CT 06095	<b>Fax:</b> 860.683.8750 <b>email</b> <a href="mailto:a.brickley@trumbull-services.com">a.brickley@trumbull-services.com</a> or <a href="mailto:d.Thompson@trumbull-services.com">d.Thompson@trumbull-services.com</a>
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# AUTHORIZATION FOR NATIONAL FLOOD SERVICES, INC.

TO PROCESS FLOOD POLICY RENEWALS

The undersigned, having determined to transfer flood insurance policies to

\_\_\_\_\_  
THE HARTFORD

\_\_\_\_\_  
(Please fill in Company)

Insurance Company, a "Write Your Own" (WYO) Company, serviced by National Flood Services, Inc. (NFS) authorizes NFS to process and renew all Flood Insurance Policies submitted to NFS through its Rollover Program.

As agent of record for these policies, I \_\_\_\_\_,  
\_\_\_\_\_  
(Agent's Name)

accept responsibility to notify the insured and other interested parties of the change of insurer.

Renewal Processing Start Date\* \_\_\_\_\_  
\_\_\_\_\_  
(Month/Day/Year)

**\*Renewal notices will not be mailed out for policies renewing prior to this date.**

Producer Name or Principal \_\_\_\_\_

Contact Person for Rollover \_\_\_\_\_ Ext: \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name and Title)

National Flood Services, Inc. and the "Write Your Own" insurance companies we represent, welcome your interest in our Roll-over Program. The following guidelines have been established to make the transition from your current servicer to NFS as efficient as possible.

1. We require a Flood Insurance Agreement on file for your agency. The Agreement may be submitted at the time the roll-over information is sent to NFS.
2. Please submit a copy of the current Declarations Page. After verifying that all information is accurate, please initial it before sending it to NFS. If policy is elevation-rated and the elevations do not appear on the Declarations Page, please include a copy of the elevation certificate.
3. If possible, please submit information on **all** policies at once. This allows time for verification and renewal issuance in a timely manner and eliminates monthly follow up. We should receive this information to complete billing **60 days prior** to the earliest renewal dates of the policies. In order for NFS to process a Roll-over/Renewal, the current Declarations Page **must be received at NFS at least 45 days prior to its expiration**. If received less than 45 days prior to expiration the only way NFS can process the renewal is if the current Declarations Page is accompanied by cash, credit card authorization (VISA or Master-card), or a certified check. If any changes are made through the previous carrier, a copy of that change should also be sent to us in order to keep our files correct and ready for the renewal notice to be sent.
4. Please sign and return the enclosed authorization form along with the policy information (as indicated below) to begin the rollover process.

National Flood Services will process renewal billing based on documents submitted. Please review all declarations pages and policy renewal listings for accuracy. We will contact you by telephone if we need additional information.

## Rollover Documentation

New Federal Guidelines require the following information for single family dwellings, 2-4 family buildings, other residential buildings or non-residential buildings:

A copy of the current declarations page, show the LFE and BFE if elevation rated,

**OR**

A copy of the declarations page and a copy of the elevation certificate if the LFE and BFE are not on the declarations page.

\* A copy of the application and application part 2 must be included if all of the rating information does not appear on the declarations page. If there is an enclosure, the enclosure size must be on the application.

### For residential condominium association policies:

A copy of the current declarations page showing the LFE and BFE, the current replacement cost of the building, the number of units in the building, two photographs of the building showing the front and the back of the building.

**OR**

A copy of the application/application part 2, a copy of the elevation certificate, and two photographs of the building

\* A copy of the application and application part 2 must be included if all of the rating information does not appear on the declarations page. If there is an enclosure, the enclosure size must be on the application.

### For submit for rate buildings:

A current declarations page, a copy of the signed application & application part 2, a copy of the elevation certificate, a signed variance form, the enclosure worksheet (if applicable), a copy of the elevated building determination (if applicable), some clear photos of the building and breakaway walls memo if "V" zone.

**NOTE:** While a current declarations page is required to establish effective dates, a declarations page from a prior term may be used for elevation data if the LFE and the BFE are contained on the declarations page and the property address on the dec matches the property address being insured.

**NOTE:** For ALL "V" zone properties (rated with elevation information), we must also have the replacement cost & actual date of construction.

FLOOD SOLUTIONS PRODUCER AGREEMENT

BETWEEN

LOCATED IN

COUNTY OF (Producer) (City/Town) STATE OF

HEREAFTER REFERRED TO AS "PRODUCER" AND THE UNDERSIGNED INSURANCE COMPANY, HEREAFTER REFERRED TO AS "COMPANY" (ACTING BY AND THROUGH ITS AUTHORIZED GENERAL AGENT, AGIO INSURANCE AGENCY).

THE FOLLOWING TERMS AND CONDITIONS SHALL APPLY:

I. The Company hereby grants authority to the Producer to solicit and take applications for insurance against loss by flood on dwellings and general property, subject to (a) the restrictions placed upon the Producer by laws of the state in which the Producer is authorized to write insurance; (b) the rules and regulations of the National Flood Insurance Program administered by the Federal Insurance Administration; (c) the terms and conditions of this Agreement; and (d) the written instructions and manuals issued by the Company.

II. THE PRODUCER AGREES

- A. To not alter, amend, or waive any of the terms, rates, or conditions applicable to the policy contracts used by the Company.
B. To promptly mail to the Company each application and the total policy premium due for insurance coverage.
C. To promptly and accurately report all claims and claim related activity to the Company.
D. All new and existing business will be processed via the Flood Solutions Program.

III. THE COMPANY AGREES

- A. To compensate the Producer for acts performed under this Agreement with a percentage of premium (gross premium less cancellations and returns) per new policy issued by the Company and a percentage of premium per each renewal policy issued by the Company.
B. To pay compensation due the Producer monthly, based upon premium recorded the previous month by the Company.
C. To provide direct bill renewal premium notice to the designated payor of the flood insurance policy prior to the expiration date of the policy.
D. To be responsible for collecting renewal premiums billed directly to policyholders by the Company.

IV. GENERAL AGREEMENTS

- A. The Producer shall be liable for timely payment to the Company of all policy premiums for new flood insurance coverages written by the Producer pursuant to this Agreement.
B. This Agreement between the Company and the Producer applies to the Company Flood Insurance Program only and shall remain in full force and effect until terminated by either party by written notice of such termination given by one party to the other.
C. Company, Producer, and General Agent agree to hold each other harmless from any and all acts, errors, and omissions committed on their behalf under this Agreement.
D. Producer can move to a full agreement receiving higher commissions once annual premium exceeds \$5,000.
E. This Agreement and any addendum to this Agreement shall constitute the entire Agreement and shall supersede any and all prior Agreements.
F. If upon termination of this Agreement the Agent has promptly accounted for and paid to the Company all premiums and other monies and securities collected or held for or on behalf of the Company...

DATE ON , BY X
FOR (Agency Name)

(NFS Use Only)

ACCEPTED ON , 20 BY
FOR Producer # 6800 - -

**FLOOD SOLUTIONS APPLICATION AND  
PRODUCER DATA FORM**

The information below is required in order for you to sell flood insurance. Keep a copy of this document for your files.

(Please Print or Type)

Existing NFS Producer Number \_\_\_\_\_  
(Disregard below if you have an existing number.)

Agency Name \_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different from above) \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Business Fax No. \_\_\_\_\_  
(Please include area code)  
E-Mail Address \_\_\_\_\_

Person to contact for policy-issuance questions \_\_\_\_\_

Commission checks payable to \_\_\_\_\_

IRS Tax ID No. \_\_\_\_\_  
(Name on commission checks and Tax ID must correspond with your Federal Tax Return.)

Agency/Agent Name \_\_\_\_\_  
(Exactly as it appears on your license.)

Agency/Agent License No. \_\_\_\_\_

Errors & Omissions Policy \_\_\_\_\_  
(Dates, Limits, and Co.)

**PLEASE ATTACH A PHOTOCOPY OF YOUR CURRENT PROPERTY & CASUALTY LICENSE.**

If you are submitting an individual producer license, the following information must be completed.

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
City, County, State, and Zip Code



"Sample"

# Flood Solutions

P.O. Box 7908  
Kalispell, MT 59904  
Phone (888)784-2446  
Fax (406)257-5741  
E-Mail help@floodsolutions.com

## Quote Form

Agency Name: \_\_\_\_\_ Agency #: \_\_\_\_\_  
Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Quote:  Application:

1. Insured Name(s): \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
(Include City, State, & Zip+4)

3. Property Address: \_\_\_\_\_  
(Include City, State, & Zip+4)

Inside City Limits  Unincorporated Area  County Name: \_\_\_\_\_

4. Insured Phone Number: ( ) - \_\_\_\_\_ 5. Date of Construction: / /

6. Occupancy: Single Family  7. Number of Floors: 1 Floor   
2-4 Family  2 Floors   
Other Residential  3 or More   
Non-Residential  Split Level

8. Foundation: Slab On Grade  Any Portion Sub-Grade on all Sides  Elevated

9. Mortgage Information: Loan #: \_\_\_\_\_ 10. Loan Closing: Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

11. Est. Replacement Cost \$ \_\_\_\_\_

12. Coverage Amounts: 

	<u>Coverage</u>	<u>Deductible</u>
Building	\$ _____	\$ _____
Contents	\$ _____	\$ _____

Optional Flood Zone: \_\_\_\_\_ Elevation Data: BFE \_\_\_\_\_ LFE \_\_\_\_\_ LAG \_\_\_\_\_

**FAX TO 406-257-5741** (No Cover Necessary)





# Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
List account number(s) here (optional)		
Requester's name and address (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number								
or								
Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

## Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note:** *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

- 9. A futures commission merchant registered with the Commodity Futures Trading Commission;
- 10. A real estate investment trust;
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
- 12. A common trust fund operated by a bank under section 584(a);
- 13. A financial institution;
- 14. A middleman known in the investment community as a nominee or custodian; or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, **1** through **15**.

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for <b>9</b>
Broker transactions	Exempt recipients <b>1</b> through <b>13</b> . Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients <b>1</b> through <b>5</b>
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients <b>1</b> through <b>7</b> <sup>2</sup>

<sup>1</sup> See **Form 1099-MISC**, Miscellaneous Income, and its instructions.  
<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note:** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at [www.ssa.gov/online/ss5.html](http://www.ssa.gov/online/ss5.html). You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

